

PERSPECTIVES ON “WHAT IS MOST IMPORTANT” AMONG CSA STATEHOLDERS

DEPARTMENT OF HEALTH **DEPARTMENT OF MEDICAL ASSISTANCE SERVICES**

What’s Working:

- Medicaid pays for continuum of care
- state and local placement decisions not dependent on agency money

Need to Improve:

- Medicaid reimbursement levels
- Informing localities there is flexibility not just medical model
- Funding early prevention services
- Support localities - understaffed
- Dedicated case management for all CSA children

Outcomes:

- Keep children in community
- Optimum functioning
- Happy, productive adults

Vehicle:

- Funding dedicated CSA case management
- Utilization management
- Technical assistance
- Quality programs

PARENT **PRIVATE PROVIDER**

Goal: Best possible services for children

What’s Working:

- We have CSA
- Passion and desire to make CSA better
- Maintain General Assembly support
- Beginning data collection

Need to Improve:

- Early intervention tools
- Funding streams create barriers
- Improve evaluation of what we want to provide (understand life progression, where to intervene, and look at “success”)
- Less confrontational to families (especially school system, Child Protective Services)

- Less barriers to use private providers (services seen as important, not fluff)
- Workforce development

Impact:

- Healthy families
- Best outcomes for kids and families

Vehicles:

- Consistency and uniformity – not dictated – but when family moves 2 miles down the road there is some consistency
- SEC leadership

COURTS

COURT SERVICE UNITS

MENTAL HEALTH & MENTAL RETARDATION

What's Working:

- Collaboration working well in some places
- Staff attention & support
- Juvenile Justice – focus on “highest risk” population; and what to do with prevention

Need to Improve:

- Different “collaboration” by locality
- Define “at-risk” population (can't serve everyone)
- Serve “whole” family – parents, siblings
- Custody relinquishments
- Clarify non-mandated population
- Juvenile Justice – whose kids?
- Targeting funds for pilot projects on prevention model programs
- Manage crisis at point of intake
- Increase family involvement: hold meetings in the evenings.

Outcomes:

- Reduce recidivism in all systems, i.e., foster care, juvenile justice, mental health

Vehicles:

- Identify population to be served
- Communication with stakeholders on original CSA values
- Clear direction from the state - best practices, early intervention, prevention
- Family involvement in deciding least restrictive environments, changing practices to hold meetings at night

CSA STAFF

DEPARTMENT OF SOCIAL SERVICES

What's Working:

- Coordinating getting people at the table
- Creativity, best practices in areas
- Data collection

- Accountable for funding
- State more responsive to locals
- Local decision making flexibility

Needs to Improve:

- Local flexibility – need more clear guidance and consistent policy from state agencies
- More evidenced based services
- Buy-in partners on system of care, prevention
- Multiple tools for communities
- Adhere to the CSA principles
- Determine the population

Impact:

- Reduction in recidivism
- Academic achievement

Vehicle:

- Define multi-tiered population

LOCAL GOVERNMENT
EDUCATION

What's Working:

- Concept
- Code structure

Need to Improve:

- Operational structure - focus on procedures, clarity of policy
- Turnover among CSA Coordinators
- Dedicated case management
- Why have both - IEP & IFSP

Impact:

- Some agency accountable for the child

Vehicle:

- Training